

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	52	70200	10/6/99
O.I.P.E. CLASSIFIER		8	10/8/99
FORMALITY REVIEW	Ann	59229	10/19/99
	Ann	59227	12/30/99

INDEX OF CLAIMS

✓ Rejected
 " Allowed
 - (Through numeral) Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
1	10/6/99
2	✓
3	✓
4	✓
5	✓
6	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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